

3 FAH-3 H-100 PERSONNEL GUIDANCE FOR MATERNITY, SURROGACY, AND ADOPTION

3 FAH-3 H-110 PROCEDURES REGARDING MATERNITY, SURROGACY, AND ADOPTION FOR FOREIGN SERVICE EMPLOYEES, ELIGIBLE FAMILY MEMBERS, AND APPLICABLE OTHER AGENCY STAFF

*(CT:PREG-2; 12-04-2014)
(Office of Origin: HR/ER/WLD)*

3 FAH-3 H-111 SUMMARY

(CT:PREG-1; 12-01-2014)

- a. This handbook is intended to help Foreign Service employees and family members who have questions about leave, medical evacuation to the United States and to locations abroad, and other pregnancy-related issues.
- b. Supervisors are asked to pay especially close attention to 3 FAH-3 H-112, Authority, regarding prohibition against pregnancy discrimination, and 3 FAH-3 H-114.1, Leave Options, for their employees.
- c. The CA website has information on intercountry adoption.
- d. Employees will find information related to citizenship of children born via surrogacy.

3 FAH-3 H-112 AUTHORITY

(CT:PREG-1; 12-01-2014)

The Pregnancy Discrimination Act of 1978 is an amendment to Title VII of the Civil Rights Act of 1964. Discrimination on the basis of pregnancy, childbirth, or related

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medical conditions constitutes unlawful sex discrimination under Title VII. Women affected by pregnancy or related conditions must be treated in the same manner as other applicants or employees who have similar disabilities or limitations.

NOTE: Employees whose assignments or training schedules may be affected by childbirth plans should contact their CDOs as soon as possible to discuss options.

3 FAH-3 H-113 EMPLOYEE COVERAGE DEFINED

3 FAH-3 H-113.1 Coverage

(CT:PREG-1; 12-01-2014)

Coverage applies to:

- (1) U.S. citizen Department of State Foreign Service employees;
- (2) Eligible family members (EFMs); and
- (3) Employees of other agencies who are covered under the Department of State's Medical Program (reference: 16 FAM 110).

NOTE: In accordance with 3 FAM 1614, children of individuals who currently have the status of EFM domestic partners are considered stepchildren of the employee. The employee should follow the procedures outlined in this handbook for adding the child to orders, securing a passport, etc. This guidance does not address every possible individual circumstance, nor does it delve into the nuances of every regulation. It is always best to consult about individual cases with an experienced human resource professional.

3 FAH-3 H-113.2 Noncoverage

(CT:PREG-1; 12-01-2014)

Noncoverage includes:

- (1) Foreign Service national employees (FSNs) (ref. 5 U.S.C. 6301); and
- (2) Other locally employed staff including:
 - (a) Rockefeller hires;
 - (b) Employees hired under personal services contracts (PSCs) or personal services agreements (PSAs) (see 3 FAM 8100 Appendix A, section 171.1);
 - (c) Non-family member appointment (FMA) employees on temporary appointments; or
 - (d) Other individuals not participating in the Department of State's Medical Program, such as consular agents.

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NOTE: An FMA employee on intermittent no work scheduled status (INWS) is eligible for applicable benefits as an employee family member (EFM) only.

3 FAH-3 H-114 LEAVE GUIDELINES

3 FAH-3 H-114.1 Leave Options

(CT:PREG-1; 12-01-2014)

- a. For leave purposes, the definition of a serious health condition includes any period of incapacity due to pregnancy or childbirth, or for prenatal care (5 CFR 630.1202). This includes the birth mother's period of incapacitation following child birth. Parents may use leave as described herein.
- b. Appropriate medical documentation determines the amount of sick leave that can be used by the birth mother, spouse, or domestic partner of the birth mother. A medical certificate is a written statement signed by a registered practicing physician or other practitioner certifying the incapacitation, examination or treatment, or period of disability while the patient is receiving professional treatment.
- c. For family care, employees must provide a written statement from the health care provider concerning the family member's need for psychological comfort and/or physical care.
- d. Home leave may be used only if home leave orders coincide with the birth and recuperation, and it may not be used when invoking the Family and Medical Leave Act (FMLA). An eligible employee is entitled to use accrued and applicable sick leave without invoking the FMLA
- e. For additional information, refer to the guidance in:
 - (1) 3 FAM 3530, Family and Medical Leave Act of 1993;
 - (2) 3 FAM 3420, and 3 FAH-1 H-3420 (Sick Leave);
 - (3) 3 FAM 3410 and 3 FAH-1 H-3410, Annual Leave;
 - (4) 3 FAM 3340, Voluntary Leave Transfer Program; and
 - (5) 3 FAM 3510 and 3 FAH-1 H-3510, Leave without Pay.

3 FAH-3 H-114.2 Leave Used by Birth Parent

(CT:PREG-1; 12-01-2014)

- a. In advance of a birth, an employee who needs a medical evacuation:
 - (1) May request a combination of annual leave and unpaid leave under FMLA, or LWOP if the employee does not qualify for FMLA;
 - (2) She also may use sick leave for medical appointments or periods when she

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is incapacitated; or

- (3) Some employees may be able to arrange work through their bureaus or posts when back in the United States, before the birth of the baby, reducing the hours of leave taken before the birth; see 3 FAH-3 H-117.2, Working in the Department Before/After the Baby Is Born.
- b. Following the birth, there are various ways to structure leave. An employee may use sick leave or annual leave for the period of recuperation following the birth. After that, if the employee has 12 months of qualifying Federal Government service, the employee may invoke the FMLA and take up to 12 weeks of unpaid leave, substituting annual leave for the unpaid leave if it is available and desired, to care for a healthy infant.
- c. The following leave options are available following child birth:
 - (1) **Accrued sick leave:** It is not necessary to invoke the FMLA to use accrued sick leave. The employee is entitled to use accrued sick leave for any period of incapacitation related to pregnancy and childbirth and medical appointments and treatments. The employee may use sick leave during the recuperation period following childbirth. The length of the recuperation period is established by medical documentation from the health care provider that certifies the length of the mother's period of incapacitation. Employees may not use sick leave to care for or bond with a healthy child. The employee also is entitled to use 480 hours of accrued sick leave per leave year to care for a family member with a serious health condition. Employees may use up to 104 of the 480 hours to provide general family care, such as taking an infant to medical appointments or treatments;
 - (2) **Advanced sick leave:** When the employee is incapacitated for the performance of the employee's duties because of pregnancy or childbirth and has insufficient sick leave:
 - (a) The employee may request up to 240 hours of advanced sick leave, the maximum amount of advanced sick leave that a full-time employee may have to the employee's credit at any one time;
 - (b) The employee may request an advance of up to 104 hours of sick leave for the employee's general medical care (medical visits or exams, for example). The 104 hours will count toward the 240 total;
 - (c) The employee may request an advance of up to 240 hours of sick leave to care for a family member with a serious medical condition and up to 104 hours of sick leave for general medical care for a family member (taking an infant for a medical appointment, for example); and
 - (d) No more than 240 hours of sick leave may be advanced per serious medical condition in any leave year. Approval of advanced sick leave is at the discretion of the leave-approving official; see 3 FAM 3428;

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- (3) **Accrued annual leave:** Annual leave may be requested, but approval for a specific time period is at the discretion of the leave-approving official;
- (4) **Advanced annual leave:** Advanced annual leave may be requested and approved at the discretion of the leave-approving official for an amount that does not exceed the number of hours the employee would accrue through the end of the current leave year;
- (5) **Leave without pay (LWOP):** An approving official at post may approve up to 90 calendar days of LWOP for employees not eligible for FMLA. Requests for more than 90 calendar days of LWOP must be submitted to the employee's career development officer in HR/CDA for approval. See 3 FAH-1 H-3510 for further information about LWOP as well as the OPM fact sheet, Effect of Extended LWOP on Federal Benefits and Programs. **NOTE:** Eligible family members on family member appointments also may be granted unpaid leave under FMLA, if eligible, or LWOP, if not eligible under FMLA. LWOP for less than 30 days is approved at post. Requests for LWOP in excess of 30 days must be approved by the bureau. LWOP requests from FMA employees that exceed 80 hours require completion from Washington of Form SF-50, Notification of Personnel Action, unless the employee is concurrently participating in the Voluntary Leave Transfer Program;
- (6) **The Family and Medical Leave Act (FMLA):** Full-time and part-time employees with 12 months of Federal Government service are eligible to invoke the FMLA, which is unpaid leave unless an employee chooses to substitute annual or sick leave pursuant to applicable regulations:
 - (a) The FMLA and OPM's implementing regulations pertaining to Federal employees entitle employees to a maximum of 12 weeks of unpaid absence in a 12-month period for several purposes, which include:
 - (i) The birth of a son or daughter of the employee and the care of the child (bonding with the baby);
 - (ii) The placement of a child with the employee for adoption or foster care;
 - (iii) The care of a spouse, son, daughter, or parent of the employee who has a serious health condition; or
 - (iv) A serious health condition of the employee that makes the employee unable to perform the essential functions of the employee's position;
 - (b) Supervisors should ensure that expectant parents are fully aware of their rights and responsibilities under the FMLA. FMLA may be taken intermittently. Annual leave may be substituted for unpaid leave under FMLA to care for or bond with a healthy baby. Sick leave may not be substituted for this purpose. Sick leave may be substituted for the unpaid leave under the FMLA for the immediate recuperation

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period following childbirth or because the employee or a family member has a serious health condition. **NOTE:** While the FMLA is a statutory entitlement for eligible employees with qualifying purposes, supported by medical documentation, sick and annual are subject to their respective rules and regulations;

- (c) Employees must give 30 days' notice where foreseeable when invoking unpaid leave under the FMLA for an expected birth or adoption of a child, or where not foreseeable, as soon as practicable; see 3 FAH-3 H-114.5, Leave Options for Employees Adopting Children or Whose Children Will be Born Through Surrogacy Arrangements, for more information on adoptions. Providing early notification also helps posts in planning ahead to cover any staffing shortages;
 - (d) The FMLA may be invoked to care for the baby at any time during the 12-month period following the baby's birth. The period of absence must be concluded 1 year from the birth of the baby;
 - (e) When an employee invokes the FMLA to care for a healthy baby, taking unpaid leave or annual leave intermittently or working on a reduced leave schedule requires agreement from the supervisor; and
 - (f) If the FMLA is invoked because of a serious health condition, the employee must submit appropriate medical certification. When the medical certification demonstrates that the employee or an immediate family member has a serious health condition requiring the employee to take intermittent leave or to work on a reduced leave schedule, the intermittent time off must be granted; and
- (7) **Voluntary Leave Transfer Program (VLTP):** A birth mother may request to participate in the VLTP during periods of incapacitation if the employee has exhausted all annual and sick leave and faces 24 hours of unpaid absence during this time. Medical documentation determines the length of participation in the program. Typically, VLTP participation occurs during the birth mother's period of recuperation following childbirth; however, it may be requested prior to birth if serious medical conditions exist. If the infant experiences a medical emergency and the other criteria for VLTP participation are met, the employee could participate in the VLTP to cover absences while caring for the child.

3 FAH-3 H-114.3 Leave Used by the Non-Birth Parent

(CT:PREG-1; 12-01-2014)

- a. In advance of the birth, an employee, who is a family member of the birth mother, may request a combination of annual leave and sick leave to accompany the birth mother to medical appointments or to care for the employee if ill.

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- b. Following the birth, there are various ways to structure leave. An employee who is a family member of the birth mother may use sick leave to care for the birth mother during the employee's period of recuperation. After that, if the employee has 12 months of qualifying Federal Government service, the employee may invoke the FMLA and take up to 12 weeks of unpaid leave. An employee may elect to substitute annual leave for any unpaid leave under the FMLA, if available and desired, to care for the infant. These leave options and others are described herein. The guidance applies to full-time employees unless otherwise noted; part-time employees should review the guidance in each section of the applicable FAM or FAH:
- (1) **Accrued sick leave:** It is not necessary to invoke the FMLA to use applicable accrued sick leave:
 - (a) Employees are entitled to use 480 hours of accrued sick leave per leave year to care for a family member with a serious health condition;
 - (b) Any period of incapacitation of the mother before the birth or the employee's recuperation period following the birth would be intervals when the employee may use some of the 480 hours;
 - (c) Employees may use up to 104 of the 480 hours to provide general family care, accompanying the mother or infant to medical appointments, for example. The length of the recuperation period is established by medical documentation from the health care provider; and
 - (d) Employees may not use sick leave to be absent from work to care for or bond with a healthy baby;
 - (2) **Advanced sick leave:**
 - (a) An employee with insufficient accrued sick leave may request up to 240 hours of advanced sick leave to care for a family member with a serious health condition, which would include periods when the birth mother is incapacitated because of pregnancy or childbirth; and
 - (b) The employee may request up to 104 hours of advanced sick leave for general family care such as medical visits or exams. No more than 240 hours of sick leave may be advanced per serious illness; 240 hours is the maximum amount of advanced sick leave a full-time employee may have to the employee's credit at any one time. Approval of advanced sick leave is at the discretion of the leave-approving official; see 3 FAM 3428;
 - (3) **Annual leave:** Annual leave may be requested for use during the period of the birth mother's incapacitation and/or to bond with a healthy baby, but approval for a specific time period is at the discretion of the leave-approving official;
 - (4) **Advanced annual leave:** Advance annual leave may be requested and

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approved at the discretion of the leave-approving official for a period of hours not to exceed the number of hours to be accrued by the employee through the end of the current leave year;

(5) Leave without pay (LWOP):

- (a) Employees posted abroad, and not yet eligible for FMLA, may request LWOP from their leave-approving official. For employees not entitled to FMLA, an approving official at post may approve up to 90 calendar days of LWOP. For information regarding LWOP please contact your career development officer in HR/CDA. (b) See 3 FAH-1 H-3510 for further information about LWOP as well as the OPM fact sheet, Effect of Extended LWOP on Federal Benefits and Programs. **NOTE:** Eligible family members on family member appointments also may be granted LWOP upon request if they do not qualify for FMLA; and
- (b) LWOP requests in excess of 30 days must be approved by the bureau. Post HR must submit Form SF-52, Request for Personnel Action, to the home bureau if the LWOP period is 30 calendar days or longer. A return-to-duty action must be processed upon the employee's return to duty. **NOTE:** Leave without pay (LWOP) may be granted only to individuals under a family member appointment who are expected to return to post to the same position from which LWOP is being requested; see 3 FAM 8218.2. If a FMA employee is not returning to post after the birth, the employee should be placed in intermittent nonwork status (INWS);

(6) The Family and Medical Leave Act (FMLA):

- (a) Full-time and part-time employees with 12 months of qualifying Federal Government service are eligible to invoke the FMLA which is unpaid leave, except where paid leave is substituted. The FMLA and OPM's implementing regulations pertaining to Federal employees, entitle employees to a maximum of 12 weeks of unpaid absence in a 12-month period for several purposes, which include:
 - (i) The birth of a son or daughter of the employee and the care of the child (bonding with the baby);
 - (ii) The placement of a child with the employee for adoption or foster care;
 - (iii) The care of a spouse, son, daughter, or parent of the employee who has a serious health condition; or
 - (iv) A serious health condition of the employee that makes the employee unable to perform the essential functions of the employee's position;
- (b) Supervisors should ensure that expectant parents are fully aware of their rights and responsibilities under the FMLA. An employee may

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elect to substitute annual leave for any unpaid leave under the FMLA to care for or bond with a healthy baby. Sick leave may not be substituted for this purpose. Sick leave may be substituted for unpaid leave when the FMLA is invoked because the employee or a family member has a serious health condition);

- (c) Employees must give 30 days' notice, where foreseeable, when invoking the FMLA for an expected birth or placement of a child and otherwise as soon as practicable. Providing early notification also helps posts in planning ahead to cover any staffing shortages;
 - (d) The FMLA may be invoked to care for the baby at any time during the 12-month period following the baby's birth. The period of absence must be concluded 1 year from the birth of the baby;
 - (e) An employee who wishes to invoke unpaid leave under FMLA to care for a healthy baby, or annual leave intermittently, or working on a reduced work schedule, requires agreement from the leave-approving official for the specific time period requested; and
 - (f) If the FMLA is invoked because of a serious health condition, the employee must submit appropriate medical certification. When the medical certification demonstrates that the employee or an immediate family member has a serious health condition requiring the employee to take intermittent paid leave or to work on a part-time schedule, the intermittent time off must be granted by the leave-approving official; and
- (7) **Voluntary Leave Transfer Program (VLTP):** The employee non-birth parent may request to participate in the VLTP in order to care for the birth mother during her periods of incapacitation if the employee has exhausted all annual and sick leave and faces at least 24 hours of unpaid absence during this time. Medical documentation determines the length of participation in the program. Typically, VLTP participation occurs only during the mother's period of recuperation following child birth; however, it may be requested before birth if serious medical conditions exist. If the infant experiences a medical emergency and the other criteria for VLTP participation are met, the employee could participate in the VLTP to cover absences while caring for the child.

3 FAH-3 H-114.4 Leave Options for Same Sex Spouses

(CT:PREG-1; 12-01-2014)

- a. On June 26, 2013, the Supreme Court ruled Section 3 of the Defense of Marriage Act (DOMA) unconstitutional. This ruling impacted the definition of spouse found in the U.S. Office of Personnel Management's (OPM) Family and Medical Leave Act (FMLA) regulations. As a result of the Supreme Court's decision, Federal employees with same-sex spouses are provided the same

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FMLA entitlements as those with opposite-sex spouses for the same qualifying purposes:

- (1) Birth and/or care of a child;
 - (2) Adoption or foster care; and/or
 - (3) Care of a spouse, son, daughter, or parent of the employee who has a serious health condition.
- b. If the employee is standing in loco parentis to the infant, then invoking the FMLA to care for/bond with the child is an option.

3 FAH-3 H-114.5 Leave Options for Employees Adopting Children or Whose Children Will Be Born Through Surrogacy Arrangements

(CT:PREG-1; 12-01-2014)

- a. All employees, whether birth parents, adoptive parents, or employees making surrogacy arrangements, may request annual leave, sick leave, LWOP, or unpaid leave under the FMLA, as appropriate according to individual circumstances.
- b. If adopting the child, the employee could invoke the FMLA and use up to 12 weeks of unpaid leave for adoption and care of a newly-adopted child. The leave must be concluded within 12 months of the placement of a child for adoption. Employees may elect to substitute annual leave and/or sick leave per sick leave regulations defined in 3 FAM 3420 for any or all of the unpaid leave used under the FMLA.
- c. Employees who are adopting an infant also may use sick leave, without invoking the FMLA, to cover any absence required for activities necessary to allow the adoption to proceed; see 3 FAM 3423, subparagraph a(6).
- d. Special provisions in sick leave and FMLA policies apply to employees who are adopting children. Employees are entitled to use sick leave for any activity required to allow the adoption to proceed, including but not limited to appointments with adoption agencies, social workers, and attorneys; court proceedings; and required travel; see 3 FAM 3423, subparagraph a(6).
- e. Employees with 12 months of Federal service also may invoke the FMLA and use up to 12 weeks of unpaid leave for adoption and care of a newly adopted child. The leave must be concluded within 12 months of the placement of a child for adoption. Employees may elect to substitute annual leave and/or sick leave for any or all of the unpaid leave used under the FMLA per sick leave regulations defined in 3 FAM 3420.

3 FAH-3 H-114.6 Nonpay Status (LWOP or FMLA),

Allowances and Federal Employee Health Benefits (FEHB)

(CT:PREG-1; 12-01-2014)

- a. Except for the living quarters allowance (LQA), employees who are in nonpay status for more than 14 consecutive days, whether at post or away from post, will not receive any allowances while they are in nonpay status. See Department of State Standardized Regulations; see DSSR 051.2 under Office of Allowances. For LQA, employees who are in nonpay status for more than 30 consecutive days, whether at post or away from post, will not receive LQA; see DSSR 132.2b(2). In both cases, allowances are suspended as of the first day of the nonpay status. Post Differential and Danger Pay are suspended for all days of nonpay status; see DSSR 052.2.
- b. Enrollment in a Federal Health Benefits plan continues for no more than 365 calendar days when an employee is in nonpay status. The U.S. Government contribution continues while employees are in a nonpay status. The employee may choose between paying the agency directly on a current basis or having the premiums accumulate and be withheld from his or her pay upon returning to duty by completing Form DS-5112, Employee Statement Concerning FEHB Coverage During Nonpay (LWOP) Status, and submitting it to payroll in Charleston.

3 FAH-3 H-115 MEDICAL TRAVEL AND TRANSPORTING

3 FAH-3 H-115.1 Travel to the United States

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. The Office of Medical Services (MED) recommends that a pregnant employee return to the United States for delivery; see 3 FAH-3 Exhibit H-115.1, Chronology of Administrative Steps for Birth of Child in the United States. Medical travel will be authorized unless such travel is superseded by other U.S. Government-funded travel, such as home leave or permanent change of station.
- b. Medical travel funding for expectant mothers will be authorized to any location in the continental United States, Alaska, or Hawaii. Per diem funding will be at the rate of the specified U.S. location.
- c. In the case of other children at post who are incapable of caring for themselves during the absence of the birth mother on medical evacuation (MEDEVAC), such children may be authorized to travel with the pregnant employee/birth parent,

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provided no suitable arrangement can be made at post. In these instances, the principal officer or his or her representative must verify that the conditions are met and the travel is in the best interests of the U.S. Government. In such cases, the family member(s) should be included on the patient's travel orders and will be eligible for per diem (See 16 FAM 316.2, paragraph a). The birth parent should depart from post no later than 6 weeks prior to the expected date of delivery and generally is expected to return to post 6 weeks after delivery, unless the parent is on sick or annual leave or if it is medically inappropriate for her and the infant to travel at that time.

- d. At the onset of pregnancy, the birth parent is advised to notify the post health unit or regional medical officer (RMO), enabling early counseling and arrangements for prenatal care abroad. Post should alert the regional medical officer (RMO) or the Foreign Service health practitioner of the planned medical evacuation. Post is required to send a telegram to MED/FP requesting authorization for the medical evacuation (MEDEVAC). MED/FP will reply with:
 - (1) A MED CHANNEL telegram authorizing the MEDEVAC; and
 - (2) A MED CHANNEL telegram providing a fund cite for medical travel for State employees or their family members (other agency employees must request fiscal data from their sponsoring agency). The telegram and fund cite will be shared with appropriate financial staff.
- e. MEDEVAC authorization telegrams contain other important instructions on administrative matters, such as a letter of authorization for hospitalization (Form DS-3067, Authorization for Medical Services for Employees and/or Dependents) issued by MED, medical insurance, processing and reimbursement of medical claims, and medical clearances for the mother and newborn(s) (ref 16 FAM 316). Employees are urged to review these cables carefully and seek clarification promptly when they have questions.

3 FAH-3 H-115.2 Travel Per Diem to a Location Abroad Away from Post

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. If the expectant mother elects to deliver abroad and away from post, and if the location is approved by MED, travel will be cost-constructed based on travel costs to Washington, DC. Children may travel with the expectant mother, also on a cost-constructed basis, in accordance with the provisions of 16 FAM 300. This means that transportation costs and per diem are paid at either Washington, DC based rates or those of the chosen MEDEVAC locality, whichever is lower.
- b. MED will authorize a MEDEVAC abroad only to a post with an adequate and higher level of obstetrical and neonatal care. This suitability determination will

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be made by MED/FP. Women planning an obstetrical MEDEVAC abroad are advised to contact MED/Foreign Programs through their health unit early in their pregnancy to determine the suitability/adequacy of obstetrical and neonatal care at the proposed MEDEVAC location. The RMO covering the proposed location must also accept the patient into his or her region for delivery.

- c. The birth parent must have a local physician willing to assume her prenatal and obstetrical care upon arrival at the MEDEVAC location abroad, as well as a local pediatrician to provide newborn care.
- d. Travel back to post will be authorized for the birth parent and the infant only after a medical approval has been issued for each of them by MED/FP.

3 FAH-3 H-115.3 Travel from the United States to an Assignment Abroad

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. A woman who is in the United States for training, home leave, or a pending U.S.-to-post transfer and who is at 34 weeks or greater gestation will **not** be cleared to go abroad until approximately 6 weeks after delivery.
- b. MED may pay per diem, based on the given circumstances, for the employee to stay in the United States to deliver if the employee is prevented from transferring due to this 34-week rule.
- c. An employee may apply for voluntary separate maintenance allowance (VSMA) payments for an eligible family member (EFM) who has not yet reached 34 weeks' gestation but who chooses to remain in the United States until after the delivery and for any children who remain in the United States with the employee. The employee should be sure to discuss with the bureau SMA coordinator the impact of the one change rule associated with VSMA (see the Department of State Standardized Regulations (DSSR) 264.2b and possible exception to the one change rule at DSSR 262.4a.(1)). The employee may request involuntary SMA (ISMA) when the family member reaches the 34 week gestation point.

3 FAH-3 H-115.4 Travel Reservations

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

Travel cannot commence until MEDEVAC and fund cite telegrams have been issued, but reservations can be made beforehand. The ticket must be issued with an open return. The birth parent should depart post not later than 6 weeks prior

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to the expected delivery date. Medical considerations, however, may dictate an earlier departure from post.

3 FAH-3 H-115.5 Per Diem

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. The Department's Office of Medical Services authorizes a total of up to 90 days of per diem for the combined period before and after delivery (up to 45 days before the expected date of delivery and up to 45 days after the delivery) to a birth parent for a medical evacuation (MEDEVAC) to the United States or elsewhere.
- b. Periods of hospitalization are not covered by per diem. While receiving medical per diem, an employee on a post-to-post transfer with training at FSI cannot receive per diem from other sources (for example, consultations, FSI per diem). Generally, per diem is not extended beyond 6 weeks after delivery. Per diem in excess of 90 days, but not to exceed 180 days, may be authorized by the Medical Director or designee or the Foreign Service medical provider when there is a clear medical complication necessitating early departure from post or delayed return to post. Per diem for newborns is authorized at one-half of the applicable local rate, excluding periods of hospitalization.
- c. To the greatest extent possible, obstetrical travel should be scheduled to coincide with other nonmedical travel, such as home leave or transfer orders, to avoid the necessity of additional medical travel expense. No per diem may be granted while on home leave. The minimum amount of home leave for employees and their eligible family members who are transferring to another assignment abroad is 20 workdays and the maximum is 45 workdays (see 3 FAM 3430). When transferring to a domestic assignment, the maximum number of home leave days authorized is 25 workdays (see 3 FAM 3435.1).
- d. Per diem will not be extended because of delays in obtaining a passport for the newborn; see 3 FAH-3 H-118.1, Passport and Visa, for guidance on how to obtain a passport.
- e. In the rare instances in which a post goes on authorized or ordered departure while a birth parent is on MEDEVAC orders, the individual remains on MEDEVAC orders until they expire. Following that, the birth parent would receive a subsistence expense allowance or another appropriate allowance according to the circumstances.

NOTE: HR/EX assignment technicians mentioned in this subchapter are located in Room 4250, SA-3 (2121 Virginia Avenue, NW, Washington, DC 20037); phone: 202-663-0405; fax: 202-663-0449; email: HR-EX-ASU@state.gov.

3 FAH-3 H-115.6 Layette Shipment/UAB Shipment

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. If the employee is at post, a layette shipment is permitted when suitable layettes are not available at post. A layette shipment is a separate airfreight allowance not to exceed 250 pounds gross weight for a newborn child or an adopted child of less than 5 years of age who is an eligible family member.
- b. Once post has determined and certified that suitable layettes are not available locally (14 FAM 613.5), post must submit a cable to the employee's HR/EX assignment technician (HR/EX/Assignment Support Unit) requesting that the employee's original travel orders be amended to authorize a layette shipment. This telegram must include post certification of unavailability.
- c. After the orders are amended, the employee must contact the Office of Transportation and Travel Management Division (A/LM/OPS/TTM) in the Department to make arrangements for onward shipment (phone: 202-663-0891/0892 or from outside the Washington, DC area, toll free 800-424-2947; fax: 202-663-0967; email TransportationQuery@state.gov).
- d. The employee may arrange for a family member/friend/store in the United States to obtain a layette if the employee has not already done so before going to post. The family member/friend/store may also coordinate with A/LM/OPS/TTM for shipping. Air shipment of the layette may commence up to 120 days prior to an expected birth, and must commence no later than 60 days after the birth of the child. If the employee has not yet arrived at post, shipment of a layette will **not** be authorized. The travel authorization will be amended to add the newborn child as an additional eligible family member (EFM) and the appropriate additional unaccompanied air baggage shipping weight entitlement will be added, usually 100 or 150 pounds depending on the total number of EFMs included on the travel authorization. In accordance with 14 FAM 613.5, items shipped in a layette must be directly related to the care and feeding of a child (for example, crib, playpen, infant car seat, high chair, commercial baby food, formula, cloth or disposable diapers, baby clothing, crib or receiving blankets, crib bedding, and similar items). Layette items may not include adult-sized furniture, or foodstuffs other than those specifically intended for consumption by an infant.

3 FAH-3 H-116 INFORMATION/DOCUMENTS TO TAKE WITH YOU

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(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. The MEDEVAC birth parent should carry the name and telephone number of the employee's HR/EX assignment technician and take with her a blank Form OF-126, Foreign Service Residence and Dependency Report, and Form DS-11, Application for U.S. Passport (which is the same for both the diplomatic and regular passport), is available online at U.S. Passports or at the nearest consular section at post.
- b. When traveling on obstetrical MEDEVAC, the birth parent will be provided with all necessary documents after initial contact with the Office of Medical Services, Foreign Programs (MED/FP), 202-663-1662.
- c. If only one of two legal parents appear to secure a passport for the new baby, the absent parent must provide notarized, written consent on Form DS-3053, Statement of Consent or Special Circumstances: Issuance of a Passport to a Minor Under Age 18, giving permission to the parent who is present to apply for the child with a photocopy of the absent parent's valid photo ID (front and back). The birth parent should take this completed form if there is a chance the other legal parent, if any, will not be present when it is time to apply for a passport. As general guidance, if the birth certificate includes the name of a domestic partner as a parent, the domestic partner should sign Form DS-3053. For the sake of contingency planning, it is a good idea to take this completed form along, even if both parents plan to be present. Parents should not wait until the baby is on their travel orders before applying for an official or diplomatic passport for the baby; see 3 FAH-3 H-118.1, Passport and Visa.
- d. The birth parent also should take medical records pertaining to the pregnancy, in English, including test results, prenatal care, and insurance information for the attending doctor's office in the United States. Read the instructions in the MED channel telegrams carefully and provide any information requested.
- e. Employees adopting a child or having a child through surrogacy arrangements should travel with the name and telephone number of the employee's HR/EX assignment technician and take a blank Form OF-126, Foreign Service Residence and Dependency Report, and Form DS-11, Application for U.S. Passport (which is the same for both the diplomatic and regular passport), is available online at U.S. Passports or at the nearest consular section at post.

3 FAH-3 H-117 RETURNING TO THE US FROM ABROAD FOR AND AFTER CHILDBIRTH

3 FAH-3 H-117.1 Issues to Address While in the United States

3 FAH-3 H-117.1-1 Med Contact

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

Upon arrival in the United States, the individual on MEDEVAC must call the MED/FP office located in State Annex 1, 2401 E Street, NW, Room L-209, phone: 202-663-1662 or toll-free, 888-878-3962. This is necessary for arrival notification and administrative assistance.

3 FAH-3 H-117.1-2 Health Insurance

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. The Federal Employees Health Benefits program requires that all in-patient confinements undergo pre-certification in the United States. Therefore, the birth parent on MEDEVAC or doctor must contact the relevant insurance company prior to admission to the hospital to give birth (or within 2 working days in the event of an emergency hospitalization) to receive full insurance benefits. The Department of State Medical Program pays the co-payments but not the deductibles after the insurance company has paid its share for covered pregnancies when a Form DS-3067, Authorization for Medical Services for Employees and/or Dependents, is issued by MED/FP after initial contact with that office (202-663-1662) upon arrival in the United States on MEDEVAC. Deductibles are not reimbursed. An individual serving under a family member appointment (FMA), on a temporary appointment, in intermittent no work scheduled status (INWS), or on LWOP should review medical coverage if the individual elected self-coverage.
- b. Employees are responsible for payment of the employee share of health insurance premiums. When an employee enters nonpay status, or when his or her pay is insufficient to cover the health insurance premiums, the employee **may** continue the enrollment for no more than 365 days by agreeing to pay premiums directly or to incur a debt for the amount of the premiums. The employee should complete Form DS-5112, Employee Statement Concerning FEHB Coverage During Nonpay Status, and send it to the HR service center at HRSC@state.gov. When paying directly, the check or money order must be made payable to Department of State, Domestic Payroll, Charleston Financial Service Center, P.O. Box 150008, Charleston, SC 29415-5008.
- c. It is the employee's responsibility to make sure that the baby is added to the

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employee's health insurance policy. If the parents are married and are both U.S. Government employees who each have self-only coverage, two of the Forms SF-2809, Health Benefits Election Form, must be completed to terminate one self-only plan and change the other to family coverage to include both employees and the baby. Questions regarding this or other health insurance issues on the addition of a child should be sent to the human resources office of the employee's bureau or to FEHB@state.gov.

3 FAH-3 H-117.2 Working in the Department Before/After the Baby is Born

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. An employee who gives birth in the United States generally spends at least 6 weeks in the United States prior to the delivery of the baby and 45 days after delivery. Employees on MEDEVAC in the Washington, DC metropolitan area may arrange a short-term detail in the employing bureau or in another bureau through the employing bureau's executive director and human resources officer. If a detail is agreed upon, the employee would be considered on work status without charge to leave, and MED will continue to authorize per diem. Employees who arrange for telework from their MEDEVAC location, either working for post or for a bureau in Washington, DC, must arrange an appropriate telework agreement consistent with post policy.
- b. Bureaus are encouraged to support suitable alternate work and telework arrangements whenever possible.

3 FAH-3 H-117.3 Child Care for Siblings

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. An employee in the United States for childbirth may be eligible for assistance through the Department's Child Care Subsidy Program with the cost of care of eligible children who accompanied the employee from post. Family income must qualify and care must be provided at licensed facilities. Program requirements are found at Child Care Subsidy Program.
- b. The Department provides help through Information Quest, a resource and referral service, that can help parents locate childcare and provide emergency back-up care for siblings accompanying the expectant mother. To access the website, log on to Worklife4You and look for the "Member Login" box (do **not** click on the "New Users Signup" link). Enter Screen Name: State Department and Password: (contact the Help Desk at Help@LifeCare.com). For additional

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assistance logging on to the website, contact the Help Desk or by phone at 888-604-9565. For more information regarding IQ contact HR/ER/WLD.

3 FAH-3 H-117.4 Birth Certificate or Consular Report of Birth Abroad

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. The first step in bringing the baby to post after birth in the United States is obtaining a birth certificate. Hospitals typically start the paperwork. The process sometimes can be expedited if the employee or eligible family member (EFM) explains the special circumstances (i.e., the baby cannot travel to post without a passport, which can only be issued with a birth certificate). It is advisable to obtain at least two certified copies of the birth certificate, one to be used for passport processing.
- b. In the case of a child born abroad to a U.S. citizen parent or parents, the parent(s) should apply for a Consular Report of Birth Abroad of a U.S. citizen (CRBA) and for a U.S. passport at the Consular/ACS unit in the country of birth. The CRBA is the U.S. record of the birth abroad of a U.S. citizen. Under U.S. law, the CRBA is full proof of U.S. citizenship.

NOTE: In many countries, the ACS unit has an appointment system for taking CRBA applications. Check with the ACS unit at the applicable post about its scheduling requirements **before** the child is born. Parents still must obtain a local birth certificate, which must be submitted with the CRBA application.

- c. Employees should consult the Department website's assisted reproductive technology for information about this birth process, including surrogacy, and the transmission of U.S. citizenship at birth to children born abroad via these methodologies.

3 FAH-3 H-117.5 Adding the New Baby as a Dependent

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. The new baby must be listed as a dependent in HR's Family Management System. It is crucial that this process be started as soon as possible after the baby is born so the parents can apply for a passport.
- b. In the United States, as soon as the baby is born, the employee or EFM should acquire a statement of birth from the hospital and fax it to (202-663-0449) or scan and email it to the HR/EX assignment technician (HR-EX-ASU@state.gov) along with a copy of the signed Form OF-126, Foreign Service Residence and Dependency Report. (To update Form OF-126, please see the instructions in

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paragraph c of this section.) Proceeding as quickly as possible is important. A copy of the birth certificate may be sent instead and must be submitted when it becomes available but acquiring and sending it takes longer; a hospital statement of birth is sufficient until the birth certificate arrives. When the HR/EX assignment technician receives the copy of the statement of birth or birth certificate and Form OF-126, the employee will enter the baby into the employee's records.

- c. Form OF-126, Foreign Service Residence and Dependency Report: The employee must add the newborn to the employee's records by submitting a revised Form OF-126, Foreign Service Residence and Dependency Report as follows:
 - (1) Employees with access to OpenNet should follow these steps:
 - (a) Access "GEMS Self-Service" via HR Online/HR Portal;
 - (b) Once in GEMS, click the OF-126 link; and
 - (c) Click the "Submit a New Form" below the "OF-126" heading, if you have never submitted an on-line OF-126. Otherwise, click "View Previous" to make changes to a previously submitted on-line OF-126; and
 - (2) For employees without access to OpenNet, paper copies of Form OF-126 are permitted when employees do not have access to OpenNet.
- d. Parents in the Washington, DC metropolitan area may complete Form OF-126 and deliver the document (check with the HR/EX assignment technician for directions). Parents in other locations may fax it to (202-663-0449) or scan or email it to the HR/EX assignment technician (HR-EX-ASU@state.gov).
- e. Form DS-1640, Request for Passport Services: After the HR/EX assignment technician has received a copy of a statement of birth or birth certificate and the signed Form OF-126, Foreign Service Residence and Dependency Report, from the employee, the employee will generate Form DS-1640 (approximately a 2-day process), and email it (or, if the parent prefers, fax it) to the applying parent for submission with the application for an official or diplomatic passport. The employee must keep in touch with the HR/EX assignment technician to make sure Form DS-1640 has been forwarded promptly.

3 FAH-3 H-118 PASSPORT AND VISA REQUIREMENTS AFTER PREGNANCY

3 FAH-3 H-118.1 Passport and Visa

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's

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Medical Program)

- a. In order to travel to the post of assignment, the baby must have the same type of passport (diplomatic or official) as the employee. In many cases, the baby will also need a visa to travel to post. The baby cannot travel on the parent's passport. Parents should act as quickly as possible to secure a diplomatic or official passport and visa for the baby once the child is born. The Employee Services Center, Room 1252, Harry S. Truman Building (HST), hours: 9:00 a.m. to 2:45 p.m., provides both visa and passport services to employees and their dependents. See 3 FAH-3 H-118.5, Families Outside of the Washington Metropolitan Area, for additional guidance, including procedures for parents outside of Metropolitan Washington, D.C.
- b. Per diem will **not** be authorized for nonmedical reasons beyond 45 days after discharge from the hospital after delivery. Parents should have contingency plans in place in case they do not receive the passport and visa within this time frame.
- c. A passport and visa can be obtained **before** the medical clearance is granted and **before** the newborn is added to the employee's travel orders, as long as there is verification that the child has been added to the sponsor's dependency report (see 3 FAH-3 H-117.5, Adding the New Baby as a Dependent). Parents should begin this process as soon as possible after the birth of the child. Parents must **not** wait until the baby is on their travel orders before applying for the passport.
- d. See the full instructions for applying for an official or diplomatic passport at U.S. Passports.

3 FAH-3 H-118.2 Adoption

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. Employees should consult the CA website's assisted reproductive technology for information about this birth process, including surrogacy, and the transmission of U.S. citizenship at birth to children born abroad via these methodologies.
- b. Information and assistance on applying for diplomatic or official passports and visas is also available by email to CA-PPT-SIA- Passports@state.gov and CA-PPT-SIA-VISAUNIT@STATE.GOV or by phone at 202-485-8200.
- c. Children under age 16, including newborn babies, must appear in person when applying for a passport, including when applying for a diplomatic or official passport:
 - (1) In general, both parents must appear together with the baby when applying for the baby's passport;
 - (2) If both parents are not available, then the absent parent must submit

3 FAH-3 H-110 Page 21 of 30

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notarized, written consent on Form DS-3053, Statement of Consent or Special Circumstances: Issuance of a Passport to a Minor Under Age 16, with a photocopy of the absent parent's valid photo ID (front and back), which gives permission to the presenting parent to apply for the child; and

- (3) State Department employees applying for a passport for a newborn baby must also submit Form DS-1640, Request for Passport Services, issued by the HR/EX assignment technician (see 3 FAH-3 H-117.5). Form DS-1640 must be issued by the HR/EX assignment technician; it cannot be generated by the applicant, the consular section, or post's HR unit. A diplomatic passport or official passport will be issued by the Special Issuance Agency in Washington, DC.

3 FAH-3 H-118.3 Babies Born Abroad

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. **Passport:** At the same time the parents apply for the newborn's Consular Report of a Birth Abroad (CRBA, see 3 FAH-3 H-117.4), they also should submit an application for an official or diplomatic passport for the newborn. The consular section will forward the application for a diplomatic passport or official passport to the Special Issuance Agency in Washington, DC. The passport will be returned to the consular section by express mail. If the parents also apply for a regular passport, it will be issued separately.
- b. **American Citizen Services (ACS) units:** The processing of diplomatic passport applications from abroad is usually expedited, especially in urgent situations. To ensure the application is flagged and processed as quickly as possible, the ACS unit must notify the Special Issuance Agency via email at CA-PPT-SIA- -Passports@state.gov that the application is being shipped and provide the courier service tracking number.
- c. **Visa:** If the baby was born in the employee's country of assignment, the parents should work through the post's management section to determine how to obtain the proper host-country visa/residency permit:
 - (1) If the child was born in a third country, the post management section in the employee's country of assignment should consult with the post management section in the country of birth to determine if the country of assignment will require the child to have a visa, and if the required visa can be obtained in the birth country;
 - (2) In many cases, the management section in the country of birth will be able to obtain a visa for the child. In other cases, the management section in the country of assignment will be able to arrange an airport visa or a visa waiver; and

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- (3) If a visa is required, but cannot be obtained abroad, parents should follow the guidance on visa applications for babies born in the United States.
- d. Employees should consult the CA website's assisted reproductive technology for information about this birth process, including surrogacy, and the transmission of U.S. citizenship at birth to children born abroad via these methodologies.

3 FAH-3 H-118.4 Families in the Washington, DC Metropolitan Area

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. For fastest service, apply in person at the Special Issuance Agency (SIA), SA-17, South Entrance, 600 19th St., NW, from 9:00 a.m. to 4:00 p.m. Monday through Friday (202-485-8200). Generally 1 to 2 weeks are required to issue a diplomatic passport.
- b. Passport applications also may be submitted in person at the passport desk of the Employee Services Center (ESC), Room 1252, Harry S. Truman Building (HST), hours: 9:00 a.m. to 2:45 p.m. This option adds 2 to 3 days to the processing time.
- c. Additionally, passport applications (not visa applications) are accepted at the Foreign Service Institute (FSI) on Tuesdays from 9:30-11:30 a.m. and 12:15-2:00 p.m. in Room E5125. This option adds a week to the processing time. For visas, parents should follow the guidance on visa applications for babies born in the United States.

3 FAH-3 H-118.5 Families Outside the Washington, DC Metropolitan Area

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. An application for a diplomatic or official passport may be submitted at any regional passport agency across the United States (see the list at U.S. Passports). The application will be forwarded to the Special Issuance Agency for adjudication. The passport will be returned by express mail to the mailing address listed on the application form. Allow 3 to 4 weeks for processing and transit time. Additional time may be needed to allow for visa processing.
- b. If the parents are not able to apply for a diplomatic or official passport at a regional passport office, they may submit their passport application at any one of thousands of post offices, clerks of court, public libraries, and other State, county, township, and municipal government offices authorized to accept

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passport applications. To locate the nearest passport acceptance facility, see U.S. Passports.

- c. If applying at an acceptance facility, parents should email CA-PPT-SIA@state.gov to obtain a "no-fee" letter that instructs the passport acceptance agent to waive the regular passport application fee and instructs the agent to forward the passport application to the Special Issuance Agency.

NOTE: Passport application acceptance facilities will charge a \$25 execution fee. This \$25 fee may be claimed as a travel expense on the baby's travel voucher. State Department and USAID employees on MEDEVAC also receive the "no-fee" letter in the packet of forms and information provided by MED.

- d. Parents must provide the acceptance agent with a stamped express mail envelope. The envelope should be addressed to:

U.S. Department of State

CA/PPT/SIA

1125 Special Place

Dulles, VA 20189-1125

Attn: Diplomatic Branch - Newborn - Expedite

- e. Parents must tell the acceptance agent they need the express mail tracking number in order to track the envelope. To ensure rapid processing, parents should send an email to CA-PPT-SIA-Passports@state.gov, alerting SIA that a newborn's application is enroute and provide the tracking number. Generally, 1 to 2 weeks are required to issue a diplomatic passport.
- f. Parents may also apply at any regional passport office or authorized passport acceptance facility for a regular (tourist) passport, which may be issued in approximately 4 to 6 weeks. Urgent cases can be processed quickly but require payment of an additional fee to expedite. Please see U.S. Passports for fee information.

3 FAH-3 H-118.6 Visa Information in the U.S.

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. Visa information for holders of diplomatic and official passports is available at U.S. Passports.
- b. Parents who are not able to access the website should send an email requesting information on visa requirements for newborns to CA-PPT-SIA-VISA-UNIT@STATE.GOV.
- c. Parents should keep in mind that in order to apply for a visa for the child, the baby's passport has to be signed by one of the parents. This requirement means that applicants outside the Washington, DC metropolitan area first must apply for the baby's passport and have it sent to them at the address where

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they are staying. To proceed with a visa request, one parent must sign the passport and return it by express mail (or, if in the Washington, DC metropolitan area, deliver it) to the Special Issuance Agency along with the PCS/TDY Info Guide, PCS TM cable or Form DS-1640, Request for Passport Services, and photos (if required). The passport and visa application should be addressed to:

U.S. Department of State

Passport Services

Special Issuance Agency (CA/PPT/SIA)

44132 Mercure Cir.

PO Box 1185

Sterling, VA 20166-1185

Attn: Diplomatic Branch - Newborn - Expedite

- d. The sponsoring parent will need to submit a copy of the passport data page and diplomatic visa contained in his or her own passport along with the fully-completed PCS or TDY Info Guide located at U.S. Passports.
- e. To flag a visa application for expedited processing once it is mailed, parents must send an email to CA-PPT-SIA-VISA-UNIT@state.gov to alert the agency that it is on its way, providing the tracking information. The Special Issuance Agency will forward the application to the appropriate embassy of the country of assignment.
- f. Each embassy has its own processes for issuing diplomatic and official visas. The Department of State cannot expedite the process by which foreign embassies do their work. For planning purposes, parents can find an estimate of the visa processing time of different countries by checking the websites listed above or by contacting the Visa Unit at CA-PPT-SIA-VISA-UNIT@state.gov.

3 FAH-3 H-119 AFTER CHILDBIRTH: MEDICAL CLEARANCES, RECORDS, AND TRAVEL

3 FAH-3 H-119.1 Medical Clearances

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. MED cannot medically clear the baby of a Department of State employee until the HR/EX assignment technician receives a new Form OF-126, Foreign Service Residence and Dependency Report, and enters the infant into the system. This enrolls the new baby as an eligible family member (EFM) in the Department of

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State Medical Program. All other agencies must fax a Memorandum of Eligibility to MED/MR at 703-875-4850. These medical clearance provisions apply to all babies of employees, whether an employee or EFM gives birth to the baby, the baby is adopted, or the baby is delivered by a surrogate.

- b. MED provides medical clearance services for all agencies that participate in the Department of State's Medical Program. A medical clearance may be granted after the mother's obstetrician and baby's pediatrician provide MED/FP (telephone: 202-663-1662) with necessary medical information to accomplish the clearance action. For State, USAID, Foreign Commercial Service of USDOC, the Foreign Agricultural Service of USDA, and BBG, the pediatrician must fully complete Form DS-1622, Medical History and Examination for Foreign Service for Children 11 Years and under. For all other agencies, the pediatrician must complete Form DS-6561, Non-Foreign Service Personnel and Their Family Members. This must be done when the baby is a minimum of 4 weeks of age. If not on MEDEVAC, the employee has 90 days to submit the medical exam for clearance.
- c. The completed form must be faxed to MED/FP at 202-663-3247 if the birth mother is on MEDEVAC. If the birth parent is not on MEDEVAC, the form must be faxed to MED/MR at 703-875-4850.
- d. Once the baby is medically cleared, MED/FP will notify the HR/EX assignment technician, who can then amend the employee's travel order to include the newborn. This does not apply to infants born at post. If the employee does not have access to OpenNet, the employee may contact the HR/EX assignment technician, provide the technician with a personal email address, and a copy of the travel authorization will be sent to the employee. The employee must send a copy of the amended travel order to the Travel Management Center (TMC), CWT/SATO Travel via email at DOSTA@cwtsatotravel.com to acquire airline tickets.

3 FAH-3 H-119.2 Medical Records

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

Employees and eligible family members (EFMs) are reminded to hand-carry or fax pertinent medical records to the responsible physician at post for appropriate follow-up.

3 FAH-3 H-119.3 Return Travel

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

The newborn baby requires an airline ticket to return to post. Travel to post may take place only after medical clearances have been issued (MEDEVAC birth mothers and their infants are cleared by MED/FP) and after the HR/EX assignment technician has provided the employee a copy of the amended travel order. The employee or EFM may then call the TMC (1-866-654-5593) in the Harry S. Truman Building (HST) for reservations for the birth parent and baby or visit the TMC located at HST in room 1243. The TMC will notify the employee via the employee's email on record when the airline tickets are electronically issued.

3 FAH-3 H-119.4 Travel Vouchers

(CT:PREG-1; 12-01-2014)

(State employees and eligible family members (EFM) in the Department of State's Medical Program)

- a. Employees are responsible for keeping track of travel voucher expenses. Vouchers must be completed by Department of State employees and submitted within 7 workdays following completion of travel as required by 4 FAH-3 H-465.1-1, paragraph a. Employees in Washington, DC should submit the travel voucher to the Office of Medical Services (L-209, SA-1). Employees at post should submit the voucher to the section that handles travel vouchers (generally the general services officer (GSO) or financial management officer (FMO)).
- b. Within 10 workdays following receipt of the completed travel voucher, post is requested to report to MED/EX the dollar amount of transportation, per diem, taxi, and miscellaneous expenses claimed on the voucher.

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3 FAH-3 Exhibit H-115.1

**Chronology of Administrative Steps for Birth of
Child in the United States**

(CT:PREG-1; 12-01-2014)

Below is a list of the steps involved when an employee or eligible family member returns to the United States for childbirth. Note that an employee may make layette shipment arrangements through the HR section at post 120 days before or no later than 60 days after childbirth:

- (1) Post sends MED/FP telegram requesting authorization for MEDEVAC. (See 3 FAH-3 H-115.1, paragraph d.)
- (2) MED sends telegrams authorizing MEDEVAC and fund sites for travel. (See 3 FAH-3 H-115.4.)
- (3) Employee follows instructions in MEDEVAC authorization telegram regarding letter of authorization for hospitalization (Form DS-3067, Authorization for Medical Services for Employees and/or Dependents), medical insurance, processing and reimbursement of medical claims, medical clearance information, etc. (See 3 FAH-3 H-115.1, paragraph e.)
- (4) Birth parent carries required information/documents with her to United States. (See 3 FAH-3 H-116.)
- (5) Upon arrival, birth parent immediately contacts MED. (See 3 FAH-3 H-117.1-1.)
- (6) Birth parent notifies insurance company prior to admission to give birth and follows other health insurance guidance. (See 3 FAH-3 H-117.1-2.)
- (7) After the birth, parent immediately requests statement of birth from the hospital and scans, emails or faxes it or a birth certificate to the HR/EX assignment technician along with signed Form, OF-126, Foreign Service Residence and Dependency Report (FAX: 202-663-0449; email: HR-EX-ASU@state.gov). (Parents in the Washington, DC metropolitan area may deliver the documents; check with the HR/EX assignment technician for directions.) Parent should also request at least two certified copies of the birth certificate. Although a birth certificate may be sent to the HR/EX assignment technician instead of a statement of birth, it takes longer to acquire. (See 3 FAH-3 H-117.4 and 3 FAH-3 H-117.5.)
- (8) HR/EX assignment technician adds baby to employee's records. (See 3 FAH-3 H-117.5.)
- (9) HR/EX assignment technician emails Form DS-1640, Request for Passport Services, to the parent (or faxes it if the parent prefers). (See 3 FAH-3 H-117.5, paragraph e.)
- (10) Parents in the Washington metropolitan area may apply in person for the

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passport at the Special Issuance Agency (SIA). (See 3 FAH-3 H-118.4.)

- (11) As soon as possible, parents outside of the Washington, DC metropolitan area should present the completed passport application package to a regional passport office or an authorized U.S. passport acceptance facility (such as a local post office, or clerk of the court), including a stamped express mail envelope addressed to Passport Services. Ask for the express tracking number to facilitate tracking of the envelope to Passport Services. Notify the SIA by email (CA-PPT-SIA- -Passports@state.gov) that the application is on its way, providing the tracking number. (See 3 FAH-3 H-118.5.)
- (12) A personal appearance of the baby is required and both parents must be present when applying for a passport. If both parents are not available, then the absent parent must submit notarized, written consent on the Form DS 3053, Statement of Consent or Special Circumstances: Issuance of a Passport to a Minor Under Age 16, with a copy of his or her identification (front/back) giving permission to the parent who is present to apply for the child. (See 3 FAH-3 H-118.2.)
- (13) The SIA mails the passport to the parent at address where the parent is staying. (See 3 FAH-3 H-118.5.)
- (14) For visa, parent signs passport and returns it by express mail (or delivers it) to the SIA along with the visa application, required photos, copy of the data page and diplomatic visa in the sponsor's diplomatic passport, and copy of Form DS-1640, Request for Passport Services. Parent emails SIA at CA-PPT-SIA-VISA-UNIT@state.gov to alert them that the visa application materials are on the way, providing tracking information. (See 3 FAH-3 H-118.6.)
- (15) When child is at least 4 weeks old, pediatrician examines infant, completes Form DS 1622, Medical History and Examination for Foreign Service for Children 11 Years and Under, and faxes it to MED/FP at 202-663-3247 if the mother is on MEDEVAC or to MED/MR at 703-875-4850 if the mother is not. (See 3 FAH-3 H-119.1, paragraph b.)
- (16) MED clears child and notifies HR/EX assignment technician. (See 3 FAH-3 H-119.1, paragraph d.)
- (17) HR/EX assignment technician amends employee's travel order to include the newborn. If the employee does not have access to OpenNet, the employee may contact the HR/EX assignment technician, provide the technician with a personal email address, and a copy of the travel authorization will be sent to the employee. The employee provides a copy of the amended travel order to the Travel Management Center (TMC). (See 3 FAH-3 H-119.1, paragraph d.)
- (18) Employee or employee family member (EFM) calls the TMC (1-866-654-5593) for reservations (or may visit Room 1243 at HST). (See 3 FAH-3 H-

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119.3.)

- (19) The TMC notifies the employee via the employee's email on record when the airline tickets are electronically ticketed. (See 3 FAH-3 H-119.3.)
- (20) Employee completes travel voucher within 7 workdays following completion of travel. (See 3 FAH-3 H-119.4.)
- (21) Post reports expense data to MED/EX within 10 workdays following receipt of completed travel voucher. (See 3 FAH-3 H-119.4.)